

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS2343SNF	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/15/2009
NAME OF PROVIDER OR SUPPLIER HIGHLAND MANOR-MESQUITE			STREET ADDRESS, CITY, STATE, ZIP CODE 272 PIONEER BLVD MESQUITE, NV 89027		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p>Initial Comments</p> <p>Surveyor: 14519</p> <p>This Statement of Deficiencies was generated as a result of an off site complaint investigation conducted on 10/12/09 and finalized on 10/15/09, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00023282 was unsubstantiated with an unrelated deficiency cited. (See Tag S 302)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000			
Z302 SS=D	<p>NAC 449.74491 Prohibited practices</p> <p>3. The results of any investigation must be reported:</p> <p>a) To the administrator of the facility or his designated representative and to the bureau within 5 working days after the alleged violation is reported.</p> <p>b) In the manner prescribed in NRS 200.5093</p>	Z302			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z302	Continued From page 1 and 432B.220 and chapter 433 of NRS. The administrator of the facility shall take appropriate action to correct any violation. This Regulation is not met as evidenced by: Surveyor: 14519 Based on interview and record review, the facility failed to report an allegation of abuse and the results of an investigation as a result of an allegation of abuse within five days after the alleged violation was reported for one resident. (Resident #1) Severity: 2 Scope: 1	Z302			

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